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Navy & Marine Corps Medical News  
MN-99-23  
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This service distributes medical news and information to Sailors and Marines, their families, civilian employees, and retired Navy and Marine Corps families. Further dissemination of this email is highly encouraged.

Stories in MEDNEWS use these abbreviations after a Navy medical professional's name to show affiliation: MC - Medical Corps (physician); DC - Dental Corps; NC - Nurse Corps; MSC - Medical Service Corps (clinicians, researchers and administrative managers). Corpsmen and Dental Technician designators are placed in front of their names.

-USN-

Contents for this week's MEDNEWS:

Headline: Anthrax a deadly menace for today's military forces  
Headline: Fleet Marine Force corpsmen get new medical bag  
Headline: Practicing vehicle safety helps summertime be fun time  
Headline: Jacksonville receives two Sterling Achievement Awards  
Headline: Inventor of Heimlich maneuver visits carrier  
Headline: Military's Hepatitis C risk low, but DOD still concerned  
Headline: Great Lakes uses new Smart Card technology  
Headline: Annapolis laboratory receives accreditation  
Headline: Medical Department Sailors receive warfare pins  
Headline: Anthrax question and answer  
Headline: TRICARE question and answer  
Headline: Healthwatch: Choose the right home exercise equipment

-USN-

Headline: Anthrax a deadly menace for today's military forces

By Douglas J. Gillert, American Forces Press Service

FORT DETRICK, Md. -- Few American military physicians have seen one of medicine's -- and the military's -- most treacherous enemies: anthrax. To learn about the deadly biological agent, they rely, instead, on textbooks and reports from foreign countries that have experienced anthrax attacks.

And attack it does, swiftly, horribly and often lethally, according to Army Col. Arthur Friedlander, Medical Corps. In minute, graphic detail, he described the biological agent that historically attacks domesticated animals but now poses a threat to humans as a lethal new weapon.

How deadly anthrax can be was demonstrated in 1979 when a

laboratory producing the agent blew up in Sverdlovsk, Russia. At the time, Soviet Union leaders denied that the subsequent 42 deaths attributed to the explosion were caused by anthrax, claiming instead that tainted meat caused the fatalities and hundreds of reported cases of sickness. It wasn't until 1993 that press reports from the former Soviet Union substantiated earlier claims that anthrax was, indeed, the culprit.

The fatalities would have been much higher in a more heavily populated area, Friedlander said. "The same release over Washington could cause an estimated 2 to 3 million fatalities," he said.

What most concerns military planners and medical experts today is how easily many biological and chemical agents can be concealed and brought unsuspectingly into communities and on or near military installations -- how easily the agents can be made into weapons of mass destruction.

Friedlander, senior military research scientist at the Army Medical Research Institute of Infectious Diseases on post, raised the specter of such a debacle to physicians attending the first annual joint conference for biological vaccines here May 25-27. In great medical detail, he dissected the disease and told how, in its aerosol form, anthrax can cover wide areas and attack large populations quickly and fatally.

Much of the conference dealt with the anthrax vaccine Defense Secretary William S. Cohen ordered all service members to get. But the military physicians also discussed other biological and chemical threats and what's being done to counteract them. Some of those biological others include smallpox, encephalitis, botulism, plague and hemorrhagic fevers, among others.

Dr. Richard Kenyon, project manager for the Joint Vaccine Acquisition Program, said it would take more than 10 years for DoD contractors to develop and stockpile new vaccines. Key to developing a new vaccine is FDA licensure, he said. "We have to integrate the acquisition process with FDA requirements, then demonstrate that we're able to provide protection against aerosol exposure to biological warfare agents," he said. Drawbacks include limited commercial interest in developing the relative small amounts of vaccine the military requires and the inability to test experimental vaccines on humans.

Civilian governments concerned about domestic terrorism also may have needs different from the military, Kenyon said. "We don't want competition for manufacturers between DoD and civilian response agencies," he said.

Meanwhile, DoD is helping U.S. cities train and prepare for potential terrorist attacks involving chemical and biological agents and would be a key participant in any emergency response.

Dr. Thomas Inglesby, an assistant professor of infectious diseases at Johns Hopkins University, said DoD involvement in ongoing medical research also is important and

instrumental to helping cities prepare for such an emergency. He said the Fort Detrick institute is the most important component of ongoing research and development of effective defenses and treatment.

The physicians attending the conference didn't leave with as many answers as they did challenges and new reasons to be concerned about troop health on the battlefield. What they learned is that preparing for acts of terrorism in general is one thing, preparing for biological and chemical terrorism quite another. From what Friedlander, Inglesby and others told them, they face a fierce enemy.

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Headline: Fleet Marine Force Corpsmen get new medical bag

By Doris Ryan, Bureau of Medicine and Surgery

WASHINGTON -- In combat, Fleet Marine Force Hospital Corpsmen are Marines' first link in lifesaving medical care. Part of the FMF corpsman's gear is a medical bag called the Surgical Instrument and Supply set, which is referred to as a "Unit One bag."

In 1998, Chief Hospital Corpsman (FMF) Douglas J. Lowe, a Program Officer at the Marine Corps Systems Command, Quantico, Va., assembled a team of subject matter experts to review and redesign the Navy's Unit One bag into a joint Navy/Army medical bag.

According to Lowe, the old bag had performed well, but it no longer contained medical supplies needed by a Corpsman to meet all of the combat wounds he might encounter in today's battlefield environment. It also was not as rugged as it should be for various environments.

Lowe said the focus for the new bag was survivability and improved casualty care. It would have quality medical supplies to complement a corpsman's training and skills and configured to meet individual mission needs.

"We looked at the basics and started in the field," said Lowe. "We asked questions like, what is happening in the field, how much equipment is needed, how much care is provided, how many patients will be treated? To that, we added ruggedization issues like heat, cold, high humidity and long-term storage.

Paula Konoske, Mike Galarneau and Kristee Emens-Hesslink, researchers at the Naval Health Research Center, San Diego, Calif., were part of Lowe's team. Lowe said the team provided data to make decisions about the contents of the new bag. The NHRC model links each item carried by the FMF corpsmen to a medical task performed in the field. As technology and requirements change, the NHRC model can be used to replace, add and delete items in the bag. The result of the team effort is a new joint medical bag that is mission-adaptable and packed with updated medical supplies. The bag will soon be issued to the FMF corpsman, and it will be used during training at the Field Medical Service Schools at Camp Pendleton, Calif., and Camp Lejeune, N.C.

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Headline: Practicing vehicle safety helps summertime be fun time

From Chief of Naval Operations

WASHINGTON -- Critical days of summer -- Risk management -- Fatality forecasts -- Driving too fast while impaired and not using seatbelts -- Driving long distances while fatigued -- Inattentive driving. Does any of this sound familiar?

Unfortunately, it's all too familiar.

Last year between Memorial Day and Labor Day, 19 Sailors died in traffic crashes, and Commander, Naval Safety Center predicts 23 more Sailors will die this summer in traffic. The majority of these Sailors were less than 26 years old and victims of alcohol, speed, inattention, fatigue or a combination of these factors.

The bottom line is most of those fatal crashes involved human error and were fully preventable. Off-duty traffic crashes are the Navy's year-round leading killer. However, by addressing and keeping our focus on this problem now, perhaps we may make a break with tradition.

As our children complete another school year and temperatures climb, plans are being made for family vacations and other activities that involve highway driving. Before we start toting up this year's painfully sad, wasteful and unnecessary summer accident statistics, take a few moments to address potential problems:

A. Drinking and driving don't mix. One hundred percent attention must be given to driving and watching out for others. Alcohol complicates and clouds otherwise sound judgment.

B. Properly worn seatbelts can easily make the difference between life and death.

C. Conducting vehicle inspections to ensure Sailors' vehicles will get them to their destinations safely is a good idea.

D. Review your travel plans, are they too risky? Is there another alternative that won't have you on the road so long? Conduct your own risk assessment and don't put yourself in danger.

E. Motorcycle riders should complete a comprehensive motorcycle training course and always wear the required personal protective equipment.

F. We can all be good examples of safe behavior. But, for example, by not buckling our seatbelt we send the wrong message to our children or friends who are passengers in our vehicles. Communicate honestly with your people and intervene when necessary. Stress the importance of personal responsibility, but first lay the right foundation.

Naval safety center's web site at [www.safetycenter.navy.mil](http://www.safetycenter.navy.mil) has some excellent tools for use in preparing for summertime travel, such as vehicle, leave and travel checklists. These resources are available along with advice from the Safety Center's traffic safety experts.

It is up to each of us to combat the dangers of road travel, whether it is getting counseling from our safety teams or change in lifestyle or personal driving habits. The point is we can't wait any longer.

No family wants to receive a condolence letter. Make this summer the safest in history and continue the safety emphasis. Demonstrate your concern for your safety and the safety of others. Save their lives and preserve our most valuable assets. Crashes don't take holidays.

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Headline: TRICARE active-duty Family Member Dental Plan extended overseas

From TRICARE Management Activity

WASHINGTON -- The TRICARE Family Member Dental Plan for the families of enrolled active-duty service members will soon be extended to all overseas locations.

The TFMDDP, administered by United Concordia Companies, Inc., will be implemented overseas in two phases. In phase one, which began May 1, 1999, TFMDDP-enrolled family members in remote overseas locations may receive dental care from overseas providers for covered dental services. In phase two, effective Oct. 1, 1999, TFMDDP coverage begins for enrolled family members in "non-remote" overseas locations. "Remote" overseas locations are countries where the uniformed services have no fixed dental treatment facilities (this includes part-time facilities). Non-remote locations are countries where the uniformed services have fixed dental treatment facilities.

Family members can still receive dental care in overseas dental treatment facilities. But, this care is subject to facility availability and capabilities of the dental staff. Coverage and enrollment for dental services overseas will be automatically extended for TFMDDP-enrolled family members; no additional applications or procedures will be required. Eligibility rules and benefits will also remain the same (although some services may not be available in some overseas locations).

Premiums will not change for the TFMDDP overseas extension. Currently, premiums are \$8.09 for one enrolled family member, and \$20 for a family that has more than one member enrolled.

Program procedures for overseas enrollees differ slightly from those in the continental U.S. service area (the U.S., Canada, Guam, Puerto Rico and the U.S. Virgin Islands). For overseas enrollees:

(1) The government will pay the enrollee's cost-share for some non-orthodontic services. The enrollee will be responsible for the cost-share for orthodontic, prosthodontic and other restorative (crowns, onlays, buildups, posts and cores, etc.) services.

(2) The government will pay any difference between the provider's billed charge and United Concordia's allowance.

(3) After an enrollee's annual or lifetime maximum

benefit has been exceeded, he or she will be responsible for the entire cost of additional services received. The annual maximum benefit per enrolled family member is \$1,000 per "contract year" (Aug. 1 through July 31). The lifetime maximum benefit for orthodontic care is \$1,200 per enrolled family member.

(4) If overseas enrollees return to the continental U.S. service area to seek dental care, continental U.S. dental benefits procedures will be followed for processing claims.

(5) Uniformed services sponsors must have a minimum of 24 months of active-duty service remaining to enroll their family members in the TFMDDP.

Retired service members and their families, and inactive reserve/guard members and their families, are not eligible for the TFMDDP.

Members outside the continental U.S. should contact their overseas uniformed services lead agent or servicing overseas dental treatment facility before seeking dental care.

Depending on the treatment an enrolled family member needs and where it is received, the overseas dental treatment facilities and overseas uniformed services lead agents will provide referral assistance.

Referrals are required for all dental care in non-remote overseas locations. In remote locations, referrals are required only for orthodontic care.

For more information about the TFMDDP overseas extension, call United Concordia, toll-free at 1-800-866-8499 (or 1-800-891-1854 for hearing-impaired), Monday through Friday, from 8 a.m. to 8 p.m., Eastern Standard Time.

Uniformed services sponsors and family members who are in the overseas service area can call the TFMDDP Overseas Dental Unit at (717) 975-5017, from 3 a.m. to 8 p.m., Eastern Standard Time (this is a toll call).

United Concordia's e-mail address for overseas inquiries is

fmdpoconus@ucci.com. More information about benefits is available on the contractor's web site: [www.ucci.com](http://www.ucci.com). The web site also contains a list of all participating dentists in the continental U.S. service area and a copy of United Concordia's TFMDDP claim forms.

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Headline: Fleet Hospital Five proves it is ready

By Judith A. Robertson, Naval Hospital Bremerton

BREMERTON, Wash. -- Service to the Fleet is an expression used throughout Navy Medicine to emphasize its dedication to patient care, quality service and health programs. Naval Hospital Bremerton recently showed how it accomplishes that goal.

Members of Fleet Hospital Five built a tent hospital from the flooring up, equipped it and had it ready to receive patients in a matter of hours as a part of the evaluation process by the Fleet Hospital Operational Training Command at Camp Pendleton, Calif.

The 250 members who make up the critical core of Fleet Hospital Five now sport tanned faces and hands. The leisure look came from working in the sun with a very tight-knit group.

"I learned that my co-workers are a very compassionate, caring people," said ENS David Parins, NC, who works on the hospital's multi-services ward. "They function more like a family than just a group."

Parins was not alone in that assessment. At the closing ceremony of their grueling week, FHOTC Commanding Officer, Capt. Hank Gardiner, MSC, said, "You people have displayed the team concept better than any other hospital that has undergone the Operational Readiness Evaluation."

For Hospital Corpsman First Class Sheri Howard, Leading Petty Officer in the Patient Administration Dept., the teamwork was awesome.

"I was absolutely amazed, impressed and awed that everyone worked together so well. Everyone from Captains to [junior Sailors] were doing whatever they had to do," she said.

Hospital Corpsman Natasha Drockelman, who works on the multi-service ward, agreed. "It was a real team effort. Everyone was really cool. Doctor's weren't afraid to get their hands dirty, they were working right along side of us."

If teamwork built camaraderie, it also built a 50-bed portable hospital.

"The team performed well above everyone's expectations," said LCDR Joseph Richter, MSC, head of Operational Readiness at the Naval Hospital. "I expected them to do great, but I didn't expect them to ace it."

But ace it, they did, and according to Capt. Dan Snyder, MSC, commanding officer of Fleet Hospital Five and Executive Officer of Naval Hospital Bremerton, their performance was simply an affirmation of years of correct planning. "This is a direct result of lessons learned by Navy Medicine in the Gulf War. We are doing this training, bringing in the Reserves and testing the system so that we don't have to repeat mistakes," he said.

"Having a fleet hospital site on the hospital campus really helps," Parins said. "And having the option to wear our cammies so that you get used to them is great. Our leadership really knew what they were doing. I now have [some concept] of how a fleet hospital works. I'm much more comfortable with the thought of being deployed."

Although Howard also thought the pre-training was good, she said the FHOTC staff tested their skills and their resolve.

"They were doing everything they could to stress us. They forced the hospital to be overloaded to see how we'd react, see how we'd work as a team. They bombed us, killed off our commanding officer, we had to go into bunkers. I learned a lot about patience and fluidness. Someone put up a sign saying 'Be fluid, flexibility is too rigid.' I

learned to be fluid," she said.

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Headline: Jacksonville receives two Sterling Achievement Awards

By Teresa D. White, Naval Hospital Jacksonville

JACKSONVILLE, Fla. -- Naval Hospital Jacksonville was presented two Florida Sterling Quality Achievement awards for outstanding achievement in quality June 4 at the Walt Disney Contemporary Resort in Orlando. The hospital is being recognized for its strategic planning process and team-based culture.

The Florida Sterling Council is the governor's initiative to promote, encourage and recognize quality business processes based on the principles of leadership, employee involvement, customer satisfaction and continuous improvement.

The hospital incorporated these concepts into its organizational structure and as a result has received special recognition from the Florida Sterling Council for the past three years for several of its programs.

Every year, many businesses apply for the Sterling challenge. The application process is tough and very few organizations are selected for a site visit from the Florida Sterling Council Board of Examiners.

"Naval Hospital Jacksonville has received a site visit in three of the last four years. Receiving a site visit and two quality achievement awards, is a major accomplishment for us," said Naval Hospital Jacksonville Commanding Officer, CAPT Milt Benson, MC.

Organizations that take the Sterling challenge submit to intense scrutiny of their internal processes. Recognition by the Sterling Council identifies organizations that are considered to be quality role models from which other state organizations can learn and emulate.

It is also designed to help organizations optimize their business practices

and utilize Sterling feedback as a self-assessment tool.

"Each visit gives our organization an opportunity to improve our processes so that we may increase the level of customer service we provide to our patients," said Lonnie Loonam, the hospital's total quality leadership coordinator.

"We are proud of our Sterling Achievement Awards," said Benson, "but our motivation for taking the Sterling Challenge is to be the health care facility of choice for our patients."

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Headline: Inventor of Heimlich maneuver visits carrier  
By JO2 Dwayne Richardson, USS George Washington (CVN 73)

Aboard USS George Washington (CVN 73) -- The medical personnel and crew of USS George Washington (CVN 73) recently met Dr. Henry Heimlich, the medical innovator responsible for a maneuver to dislodge material caught in



the throat and a chest valve that have saved many lives. Heimlich was a Navy doctor from 1944 to 1945, serving as a surgeon with Chinese guerrillas behind Japanese lines in the Gobi Desert and Inner Mongolia. This was his first trip on board a carrier at sea and he admired the medical technological advances of the George Washington.

"I never imagined that a warship like this would have state of the art medical care available," said the 79-year doctor after taking a tour of George Washington's award-winning medical facility.

"This is truly impressive. I was really happy to see that they had the Heimlich valve in their ward," said Heimlich referring to his chest-valve invention that allows chest injuries to heal drain properly.

Even though Dr. Heimlich was impressed with the lifesaving capabilities of the ward and the corpsmen that work there, what really caught his eye during his stay was the sense of pride that the Sailors have who serve onboard George Washington.

"What's amazing to me is the positive attitude of the crew," said Heimlich. "Not just here in Medical but throughout this great ship."

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Headline: Military's Hepatitis C risk low, but DOD still concerned

By Douglas J. Gillert, American Forces Press Service

WASHINGTON -- The military doesn't have to worry as much as the rest of America about Hepatitis C, a senior defense health official said. But DOD doesn't want service members or their families to ignore the viral disease that can be treated but not prevented.

"What makes Hepatitis C so dangerous for us is that there is no vaccine," said John Mazzuchi, deputy assistant secretary of defense for health affairs clinical and program policy.

A viral disease that attacks the liver, Hepatitis C causes fatigue and other symptoms that resemble "a bad case of the flu," Mazzuchi said. "It can be very debilitating." The most common ways of infection are through shared needles and unprotected, promiscuous sex. Before screening tests were developed in the 1990s, Hepatitis C could also be contracted through blood transfusions.

According to a recent sampling of 20,000 service members and new recruits, less than 1 percent of service members have Hepatitis C, about one-third the national average. In fact, only one of the 5,000 recruits sampled tested positive for Hepatitis C.

Mazzuchi attributes the low Hepatitis C rates to recruiting from a healthy population, and in-service drug and HIV screening programs.

"We screen people coming into the military for drug use, and we also have an active random urinalysis program," Mazzuchi said. "So drug use in the military is very low and

needle drug use is minuscule."

Some behaviors related to Human Immunodeficiency Virus are possibly related to Hepatitis C, so HIV screenings also reveal the presence of the virus, he said.

DOD was alerted to the Hepatitis C danger by Department of Veterans Affairs reports of high incidences of Hepatitis C among Vietnam veterans. Mazzuchi said the higher rates of infection could be due to the higher rate of drug use among service members in the 1960s as well as contaminated blood.

The problem only surfaced recently because it takes up to 30 years for Hepatitis C symptoms to appear, Mazzuchi said. In fact, a nationwide alert by the Centers for Disease Control and prevention of a possible Hepatitis C epidemic "is really more of an epidemic of discovering what was," he said. "The actual number of new cases is declining."

A test for antibodies that is used to screen blood supplies can also be used to test humans for the virus. But because the prevalence of Hepatitis C in DOD is so low, the department has followed the CDC's advice not to routinely test service members who don't show symptoms.

Meanwhile, DOD has pooled its resources with the National Institutes of Health, CDC and VA in researching new treatment methods for Hepatitis C, with the ultimate goal of developing a vaccine. Any breakthroughs, however, are likely years away, Mazzuchi said.

"We can assure our service members and families that Hepatitis C is not a major problem in the military," he said. "But because it is a serious disease, if they have symptoms, they need to go to their health care providers and discuss that with them."

Results of the DOD Hepatitis C study and risk factors associated with the disease are available under "hot issues" on the Military Health System web page at [www.tricare.osd.mil](http://www.tricare.osd.mil).

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Headline: Great Lakes uses new Smart Card technology  
By LT Youssef H. Aboul-Enein, MSC, Naval Hospital Great Lakes and Kim Pyler, Naval Training Center Great Lakes

GREAT LAKES, Ill. -- Smart Card technology is helping Naval Hospital Great Lakes improve business practices at its Branch Medical Clinics.

The clinics, which process an average of 50,000 recruits each year, began using Smart Card in the summer of 1998. Each recruit is issued the card, which is the size of a credit card and contains an embedded integrated circuit or IC. Each IC chip contains not only memory storage but a central processing unit.

The CPU identifies users before allowing access to information in the IC chip. USS Red Rover Branch Clinic uses the Smart Card for an immune program that encrypts immunization and medical information for each recruit. It ensures a person's most recent immunization data is recorded upon the administration of a shot or episode of

care. As the recruits pass through each medical section their Smart Card records up-to-date medical and immunization data.

The technology also reduces redundant data entry and transcription errors. The system also produces reports on processing times, important information for a clinic that can process up to 350 recruits per day.

"We are saving [labor] and the amount of processing time has decreased significantly," said Hospital Corpsman Second Class William Ramsey, who coordinates the program in the recruit-processing clinic.

This month active duty members at Naval Hospital Great Lakes will receive a Smart Card. The card will have each person's medical record encoded and will track immunizations and physicals.

"Using this system...will assist in both the administrative and medical deployment readiness of this command," said Hospital Corpsman First Class Anita Madche, Leading Petty Officer of the Plans, Operations and Medical Intelligence Department.

By swiping a person's Smart Card in a reader, data concerning physicals and immunizations appear instantly, allowing the mobilization staff to quickly determine if a person is medically prepared to deploy.

Although still in its early stages, this program is a glimpse into the future of medical record keeping. The active duty staff of Great Lakes are lining up to get a card that will go in a wallet or pocketbook. In the future this card will contain not only medical information but a Sailor's service record as well.

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Headline: Annapolis laboratory receives accreditation  
From Naval Medical Clinic Annapolis

WASHINGTON -- The laboratory at Naval Medical Clinic Annapolis, Md., has been awarded a two-year accreditation by the Commission on Laboratory Accreditation of the College of American Pathologists, based on the results of a recent on-site inspection.

The laboratory's director, LT Kathleen Aldridge, MSC, was advised of this national recognition and congratulated for the "excellence of services being provided." The laboratory at Naval Medical Clinic Annapolis is one of more than 5,000 CAP-accredited laboratories nationwide.

The CAP Laboratory Accreditation Program, begun in the early 1960's, is recognized by the federal government as being equal to or more stringent than the government's own inspection program.

Inspectors examine the records and quality control of the laboratory for the preceding two years, as well as the education and qualification of the total staff, the adequacy of the facilities, the equipment, laboratory safety, and the laboratory management to determine how well the laboratory is serving the patient.

The College of American Pathologists is a medical society serving more than 14,500 physician members and the laboratory community throughout the world. It is the world's largest association composed exclusively of pathologists and is widely considered the leader in laboratory quality assurance.

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Headline: Medical Department Sailors Receive warfare pins  
By JO2 Alex Carfrae, USS George Washington (CVN 73)

ABOARD USS GEORGE WASHINGTON (CVN 73) -- Recently, four Sailors from George Washington's award-winning medical department took a big step forward as they earned their Enlisted Aviation Warfare Specialist (EAWS) pins. The Sailors are Chief Hospital Corpsman (AW) Noah Banksard, Hospital Corpsman First Class (AW) Rodney Schrieber and Hospital Corpsman Third Class (AW) Joe Garofolo and Boatswain Mate First Class (SW/AW) David Cook. "I personally feel that it's a great accomplishment for each and every one of the four Sailors," said the Medical Department's Leading Chief Petty Officer, Senior Chief Hospital Corpsman (SW) John Prus. Garofolo, who was recently advanced to hospital corpsman third class, said the important things someone could in preparing for a pin is to study and stay motivated. "My motivation is that I feel I have an obligation to the junior personnel to set an example they can emulate," said Cook, who works in the Medical Department's Counseling and Assistance Center. "I personally don't think there's any excuse for a petty officer not to have a pin. "I think everybody needs to do it whether it's one of those have-to things or not," said Bankard. "E-5 and above have to if they want to advance, but I think everyone should work on it and get it." Naturally, Prus is pleased with the accomplishment, because, he says, it will motivate other Sailors in his department to begin working on their warfare qualifications. "If you're on sea duty, it's imperative that you get involved in one of the warfare areas whether it's surface or air," he said.

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Headline: Anthrax question and answer

Question: What is the efficacy of the anthrax vaccine after one inoculation? After two inoculations? After three?  
Answer: Studies have shown that after two doses of the vaccine, 91 percent of recipients have antibodies against anthrax, and after three doses more than 95 percent of recipients have antibodies against anthrax. Although these results show that there is a good immune response to the vaccine, an antibody response does not necessarily equate to protection. Efficacy usually equates to protection. We know that the six-dose series protected workers against anthrax when tested in textile mills in the 1950s. And,

although three doses of the vaccine might protect the majority of persons, the more prudent course is to continue with the full series and booster doses for military persons.

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Headline: TRICARE question and answer

Question: If I enroll in TRICARE Prime does that mean that my whole family has to enroll?

Answer: Not all family members are required to enroll in TRICARE Prime. Depending on your specific situation and needs, it may be best, for example, for a spouse to be in TRICARE Prime, and a student son or daughter, to use Extra or Standard. Contact your TRICARE Service Center for advice.

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Headline: Healthwatch: Choose the right home exercise equipment

From Ashore, Naval Safety Center Publication

NORFOLK, Va. -- With all the at-home exercise equipment out there -- treadmills, steps, slides and assorted quick-fix contraptions, such as the memorable Thigh-Master - how do you know what could do more harm than good?

While at-home exercising can tone your body, you need to learn how to avoid disappointing results and injuries.

Before you buy exercise equipment, get a medical checkup. Ask your doctor which are the best and safest forms of exercise for you.

Next, try out different types of equipment to see what feels right. A total workout should include both cardiovascular exercise, which strengthens your heart and lungs, and resistance exercise, which builds stronger muscles with better endurance.

Go to your base gym to try out equipment. If your friends have equipment, try out theirs.

The American College of Sports says you should avoid buying any product that makes too-good-to-be-true claims. In spite of what advertisers boast, there are things that exercise equipment simply won't do:

- You'll never see instant results with an effortless, no-sweat workout.

- No product will get rid of cellulite or make fat disappear from certain parts of your body.

- There's no special equipment or clothing you can wear while exercising that will help you lose weight.

If you're buying an item from a TV or magazine ad and you can't test it first --be wary. Some products make outrageous claims. When you get them home, you may not be able to figure out how they work. Then they end up in the basement or at a yard sale.

Don't be overly concerned about pinching pennies when you buy your equipment. Although a higher price tag doesn't guarantee a better workout, it may represent a safer product. Some low-cost models are unstable, even rickety. Exposed springs may pinch or break, causing injuries. A

piece of equipment with moving parts that aren't shielded may harm not only users, it may also harm children in the house.

Whatever you decide to buy, ask yourself these questions: How is it helping me physically? Is it assembled? Does it have a warranty or money-back guarantee? Can I get it repaired?

After you get your gear home, carefully read instructions; some companies even offer videos to teach the right way to use their equipment.

Start slowly. Don't try to do too much too fast. Start at half of what you think you can do, working up gradually until you reach your goal.

Finally, don't exercise if you are injured. Even the slightest strain can turn into a nagging long-term injury if you don't let it heal properly.

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Comments about and ideas for MEDNEWS are welcome. Story submissions are encouraged. Contact MEDNEWS editor, Earl W. Hicks, at email: mednews@us.med.navy.mil; Telephone 202/762-3223, (DSN) 762-3223, or fax 202/762-3224.

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